

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11		4				
12		4				
13		4				
14	1					
15		1				
16		1				
17		1				
18		4				
19		4				
20		4				
21		4				
22		4				
23		4				
24		4				
25		4				
26		4				
27		4				
28		4				
29		4				
30		4				
31		4				
32		4				
33		4				
34		4				
35		4				
36		4				
37		4				
38		4				
39		4				
40		4				
41		4				
42		4				
43		4				
44		4				
45		4				
46		4				
47		4				
48		4				
49		4				
50		4				
TOTAL IND.						
TOTAL DEP.						
TOTAL						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		4				
52	1					
53		1				
54		1				
55		1				
56		4				
57		4				
58		4				
59		4				
60		4				
61		4				
62		4				
63		4				
64		4				
65	1					
66		1				
67		1				
68		1				
69		4				
70		4				
71		4				
72		4				
73		4				
74		4				
75		4				
76		4				
77		1				
78	1					
79		1				
80		1				
81		1				
82		4				
83		4				
84		4				
85		4				
86		4				
87		4				
88		4				
89		4				
90		4				
91		4				
92		4				
93		4				
94		4				
95		4				
96		4				
97		4				
98		4				
99		4				
100		4				
TOTAL IND.						
TOTAL DEP.						
TOTAL						

FILING DATE
-------------

APPLICANT(S)
--------------

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
IND	DEP	IND	DEP	IND	DEP	
1						51
2						52
3						53
4						54
5						55
6						56
7						57
8						58
9						59
10						60
11						61
12						62
13						63
14						64
15						65
16						66
17						67
18						68
19						69
20						70
21						71
22						72
23						73
24						74
25						75
26						76
27						77
28						78
29						79
30						80
31						81
32						82
33						83
34						84
35						85
36						86
37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						95
46						96
47						97
48						98
49						99
50						100
TOTAL IND.						TOTAL IND.
TOTAL DEP.						TOTAL DEP.
TOTAL						TOTAL